



El Camino Homeless Organization (ECHO)

Admission Application

Instructions: Please print and fill out one per adult and provide you're ID.

Name: _____ Social Security Number: _____ Date of Birth _____

Age: _____ Male Female Genderqueer/Non-Binary Message/Contact Phone: _____

If you have children with you, please list their names and ages:

Emergency Contact Name & Phone Number: _____ Relation: _____

Race (Check all that apply): American Indian/ Alaskan Native Asian Black / African American Native Hawaiian / Other Pacific Islander White / Caucasian Decline to State

Ethnicity (Choose 1): Non-Hispanic or Non-Latino Hispanic or Latino Decline to State

Are you looking for work? _____ Receiving any income? _____ How much? _____

Source of Income? _____ If currently working, where? _____

Are you a Veteran? Yes or No Branch: _____ When did you discharge? _____

Discharge Status: _____ Are you pregnant: _____ Due Date: _____

Where did you stay last night? _____

What caused you to be homeless? _____

1st time homeless? Yes or No How long have you been homeless? _____

Have you stayed at ECHO Atascadero before? Yes or No What year? _____ Do you have a pet? Yes or No

Do you use drugs or alcohol? _____ *ECHO is a drug, alcohol and tobacco free facility.

Any Medical conditions: _____

Any Mental Health Concerns: _____

Current Medications: _____

I certify that this information is true and correct to the best of my ability and knowledge.

Signature of Applicant: _____ Date: _____

ECHO Staff Use Only

Have applicant provided ID and make a copy.

Meghan's Law Verification: _____ Atascadero Police Background Check: _____

ECHO Staff: _____

Panel Use ONLY Approved Not Approved Date Approved: _____

